

AMENDED IN ASSEMBLY JUNE 28, 2007

AMENDED IN SENATE APRIL 26, 2007

AMENDED IN SENATE APRIL 17, 2007

**SENATE BILL**

**No. 785**

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**Introduced by Senator Steinberg**

(Principal coauthor: Assembly Member Lieber)

(Coauthors: Assembly Members Bass and Maze)

February 23, 2007

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An act to add Sections 5777.7, 11376, 11380.9, and 16125 to the Welfare and Institutions Code, relating to public social services.

LEGISLATIVE COUNSEL'S DIGEST

SB 785, as amended, Steinberg. Foster children: mental health services.

Existing law requires the State Department of Mental Health to implement managed mental health care for Medi-Cal beneficiaries through fee-for-service or capitated rate contracts with mental health plans, including individual counties, counties acting jointly, any qualified individual or organization, or a nongovernmental entity. Under existing law, this may include the provision of specialty mental health services to children in foster care.

This bill would require the State Department of Mental Health, by April 1, 2008, to create a standardized contract, service authorization procedure, and set of documentation standards and forms, and to use these items to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside of his or her county of original jurisdiction, as specified. In addition, the bill would require the department to establish processes to explain to foster

~~care providers how to arrange for mental health services on behalf of the beneficiary in their care, and to allow county child welfare agencies to make appropriate referrals and access information~~ *informational materials for foster care providers and county child welfare agencies, relating to the provision of mental health services to children as provided by the bill in their care, as specified.* This bill also would give the California Health and Human Services Agency specified responsibilities with respect to the implementation of these provisions.

Existing law provides for the Adoption Assistance Program, to be established and administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the resources of the family to meet those needs. Under existing law, the department or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs.

Existing law provides that the county responsible for determining the child's eligibility for the program, and for providing financial aid is the county that at the time of the adoptive placement would otherwise be responsible for making a payment pursuant to the CalWORKs program or the Aid to Families with Dependent Children-Foster Care program if the child were not adopted.

Existing law provides for Kinship Guardianship Assistance Payment Program (Kin-GAP) and the Kin-GAP Plus programs, as a part of the CalWORKs program, which provide aid on behalf of specified categories of eligible children who are placed in the home of a relative caretaker. Existing law provides that the county that formally had court ordered jurisdiction over a child receiving benefits under the Kin-GAP and Kin-GAP Plus programs shall be responsible for paying the child's aid regardless of where the child actually resides, so long as the child resides in California.

This bill would provide that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, or who has become the subject of a legal guardianship and is receiving Kin-GAP or Kin-GAP Plus assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be the responsibility of the local mental health plan in the county of residence of his or her adoptive parents or legal guardian.

To the extent that it would impose new duties on county child welfare departments in connection with the provision of mental health services to foster children, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 5777.7 is added to the Welfare and  
2 Institutions Code, to read:

3 5777.7. In order to facilitate the receipt of medically necessary  
4 specialty mental health services by a foster child who is placed  
5 outside of his or her county of original jurisdiction, the State  
6 Department of Mental Health shall take all of the following actions:

7 (a) ~~No later than~~ *On or before* April 1, 2008, create all of the  
8 following items, in consultation with stakeholders, including, but  
9 not limited to, the California Institute of Mental Health, the Child  
10 and Family Policy Institute, the California Mental Health Directors  
11 Association, and the California Alliance of Child and Family  
12 Services:

13 (1) A standardized contract for the purchase of medically  
14 necessary specialty mental health services from organizational  
15 providers, when a contract is required.

16 (2) A standardized specialty mental health service authorization  
17 procedure.

18 (3) A standardized set of documentation standards and forms,  
19 including, but not limited to, forms for treatment plans, annual  
20 treatment plan updates, day treatment intensive and day treatment  
21 rehabilitative progress notes, and treatment authorization requests.

22 (b) Use the standardized items as described in subdivision (a)  
23 to provide medically necessary specialty mental health services to  
24 a foster child who is placed outside of his or her county of original  
25 jurisdiction, so that organizational providers who are already

1 certified by a mental health plan are not required to be additionally  
2 certified by the mental health plan in the county of original  
3 jurisdiction.

4 (c) (1) Use the standardized items described in subdivision (a)  
5 to provide medically necessary specialty mental health services to  
6 a foster child placed outside of his or her county of original  
7 jurisdiction to constitute a complete contract, authorization  
8 procedure, and set of documentation standards and forms, so that  
9 no additional documents are required.

10 (2) Authorize a county mental health plan to be exempt from  
11 paragraph (1) and have an addendum to a contract, authorization  
12 procedure, or set of documentation standards and forms, when the  
13 county mental health plan has an externally placed requirement,  
14 such as a requirement from a federal integrity agreement, that  
15 would affect one of these documents.

16 (d) Following consultation with stakeholders, including, but not  
17 limited to, the California Institute of Mental Health, the Child and  
18 Family Policy Institute, the California Mental Health Directors  
19 Association, the California State Association of Counties, and the  
20 California Alliance of Child and Family Services, require the use  
21 of the standardized contracts, authorization procedures, and  
22 documentation standards and forms as specified in subdivision (a)  
23 in the 2007–08 state-county mental health plan contract and each  
24 state-county mental health plan contract thereafter.

25 (e) The mental health plan shall include a standardized contract,  
26 as provided in subdivision (a), if a contract is required, or another  
27 mechanism of payment if a contract is not required, with a provider  
28 or providers of the county's choice, to deliver approved specialty  
29 mental health services for a specified foster child, within 30 days  
30 of an approved Treatment Authorization Request (TAR).

31 ~~(f) No later than April 1, 2008, establish the following processes;~~  
32 ~~in consultation with stakeholders, including, but not limited to,~~  
33 ~~the California Institute of Mental Health, the Child and Family~~  
34 ~~Policy Institute, the California Mental Health Directors~~  
35 ~~Association, and the California Alliance of Child and Family~~  
36 ~~Services and the County Welfare Directors Association:~~

37 ~~(1) A process that explains to foster care providers how to~~  
38 ~~arrange for mental health services on behalf of the beneficiary in~~  
39 ~~their care.~~

~~(2) A process by which county child welfare agencies can refer children for assessments and services and receive information regarding available service providers from the local mental health plan that is responsible for providing services to the child.~~

~~(3) A process by which county child welfare agencies can access information on the provision of services from the local mental health plan that is responsible for providing services, including, but not limited to, a copy of the child's treatment plan within 60 days.~~

~~(g)~~

~~(f) The California Health and Human Services Agency shall do both all of the following:~~

~~(1) Participate with the stakeholders in the activities described in this section.~~

~~(2) During its budget hearings in 2008 and 2009, report to the Legislature regarding the implementation of this section and subdivision (c) of Section 5777.6.~~

~~(3) On or before April 1, 2008, establish the following, in consultation with stakeholders, including, but not limited to, the California Institute of Mental Health Directors Association, the California Alliance of Child and Family Services, and the County Welfare Directors Association:~~

~~(A) Informational materials that explain to foster care providers how to arrange for mental health services on behalf of the beneficiary in their care.~~

~~(B) Informational materials that county child welfare agencies can access relevant to the provision of services to children in their care from the out-of-county local mental health plan that is responsible for providing those services, including, but not limited to, receiving a copy of the child's treatment plan within 60 days after requesting services.~~

SEC. 2. Section 11376 is added to the Welfare and Institutions Code, to read:

11376. A foster child who has become the subject of a legal guardianship, who is receiving assistance under the Kin-Gap Program, including Medi-Cal, and whose foster care court supervision has been terminated, shall be the responsibility of the local mental health plan in the county of residence of his or her legal guardian.

1 SEC. 3. Section 11380.9 is added to the Welfare and  
2 Institutions Code, to read:

3 11380.9. A foster child who has become the subject of a legal  
4 guardianship, who is receiving assistance under the Kin-Gap Plus  
5 Program, including Medi-Cal, and whose foster care court  
6 supervision has been terminated, shall be the responsibility of the  
7 local mental health plan in the county of residence of his or her  
8 legal guardian.

9 SEC. 4. Section 16125 is added to the Welfare and Institutions  
10 Code, to read:

11 16125. A foster child whose adoption has become final, who  
12 is receiving or is eligible to receive Adoption Assistance Program  
13 assistance, including Medi-Cal, and whose foster care court  
14 supervision has been terminated, shall be the responsibility of the  
15 local mental health plan in the county of residence of his or her  
16 adoptive parents.

17 SEC. 5. If the Commission on State Mandates determines that  
18 this act contains costs mandated by the state, reimbursement to  
19 local agencies and school districts for those costs shall be made  
20 pursuant to Part 7 (commencing with Section 17500) of Division  
21 4 of Title 2 of the Government Code.